


|   |  |              |   |  |                                  |  |         |
|---|--|--------------|---|--|----------------------------------|--|---------|
|   | <b>Local Area Network (LAN) Service Request</b>  |              |   |  | Date:     /     /                |  | Page: 1 |
|   | Office of Information Technology Services<br>PO Box 17209<br>Raleigh, North Carolina 27619-7209<br><b>Contact the ITS Service Desk:</b><br>Phone: 919-754-6000 or 1-800-722-3946 |              | eMail Request To:<br><a href="mailto:ts.service.request@its.nc.gov">ts.service.request@its.nc.gov</a><br>FAX: 919-850-2828<br>Phone: 919-754-6700 |  | Billing Location Code (ITS Use): |  |         |
|   |  |              | SLA (ITS Use): Global / Master  |  | NSWAN Site Number (ITS Use):     |  |         |
|   | <a href="#">ITS Home Page</a>  |              | <a href="#">Service Level Agreement</a>   |  | Service Request (ITS Use):       |  |         |
| <b>Please answer all questions below to expedite processing of this request. Please print or type.</b>  |  |              |   |  |                                  |  |         |
| Requestor Name:   |  |              |   | Requestor Daytime Phone: (    )    -                     |                                  |  |         |
| Requestor eMail:  |  |              |   | Requestor Fax: (    )    -                               |                                  |  |         |
| Department Code: (billing information)  |  | Agency Name: |   |  | Division(s):                     |  |         |
| <input type="checkbox"/> New <input type="checkbox"/> Termination <input type="checkbox"/> Relocate <input type="checkbox"/> Redesign   |  |              |   |  |                                  |  |         |
| User Interface: <input type="checkbox"/> 10/100 <input type="checkbox"/> 10/100/1000  |  |              |   | Number of data ports required for each office / cubicle: |                                  |  |         |
| Number of End-devices: (i.e. PCs/printers/servers, etc.)  |  |              |   | Number of Conference Rooms:                              |                                  |  |         |
| <input type="checkbox"/> Traffic Prioritization <input type="checkbox"/> Security Policies <input type="checkbox"/> High Availability<br>Other:   |  |              |   | Future Growth Plans:                                     |                                  |  |         |
| Site Name:  |  |              |   |  |                                  |  |         |
| Street Address:   |  | City:        | County:   | Zip Code:  | Building Name:                   | Qty Wiring Closets:                        |         |
| Site Contact Name:  |  |              |   | Site Technical Contact Name:                             |                                  |  |         |
| Site Contact eMail:   |  |              |   | Site Technical Contact eMail:                            |                                  |  |         |
| Site Contact Phone: (    )    -   |  |              |   | Site Technical Contact Phone: (    )    -                |                                  |  |         |
| Site Contact Fax: (    )    -   |  |              |   | Site Office Hours:                                       |                                  |  |         |
| <b>Please describe the Service Request in detail.</b>   |  |              |   |  |                                  |  |         |
|   |  |              |   |  |                                  |  |         |
| <b><u>Customer Information and Responsibilities</u></b>   |  |              |   |  |                                  |  |         |
| <ul style="list-style-type: none"> <li>LAN Services delivery in 30-45 days, upon successful completion of assessment and design activities. Additional structured cabling and equipment requirements may delay service delivery. ITS will contact you to schedule a site visit to assess your current LAN, etc. upon receipt and review of this form.</li> <li>Each customer location must meet ITS minimum standards including but not limited to documentation, wiring, power, HVAC, access, and security.</li> <li>Customer is responsible for replacement or repair of structured cabling or wiring.</li> </ul> |  |              |   |  |                                  |  |         |
| Fiscal Office/Budget Authorization Signature: _____   |  |              |   |  |                                  | <input type="checkbox"/> Signature on File |         |